

**Required Information:**

Name: \_\_\_\_\_

WSFS Account(s): \_\_\_\_\_

List all WSFS Account #'s requiring maintenance (as detailed below)

**Updated Personal Information:**

**Mailing Address For Final Statement:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**(Initials)**

If mailing address for final statement is different from current statement mailing address, proof of address needs to be provided. Appropriate forms of documentation include a copy of valid ID or bill listing current address. I certify I have provided appropriate documentation to change my address for final statement mailing.

I certify that I understand upon the above-referenced account closing my (Plan/ATM) card will no longer be active. I also certify that I have not used my (Plan/ATM) card for cash withdrawals, PIN purchases or signature purchases in the past 4 business days.

I certify that I have reconciled (i.e., balanced) my account to the best of my ability and all outstanding items (i.e., checks, direct withdrawals, PIN purchases or signature purchases) have cleared prior to my request to close this account.

I certify that I have canceled all direct deposits and direct withdrawals (e.g., utility or insurance payments) from this account prior to my request to close this account. I also understand that any direct deposits or withdrawals made after this date will be rejected.

If an error was made by me (the undersigned) in the reconciliation of my account and an item(s) should be presented against this account after it has been closed, I understand that at the option of WSFS, my account could be reopened and I will be responsible for the amount of the item paid as well as any fees associated with the items presented. Those fees could include an overdraft fee of \$32.00 for each item presented as well as a \$3.00 daily overdrawn balance fee. If I have another account (i.e., ownership interest) with WSFS, the amount of the item presented can be withdrawn from that account's available balance. All fees and charges applicable to this withdrawal would apply.

**By signing below I certify that I have read the above conditions and that I agree with all terms to my account closing.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit request via WSFS Drop Box in the Trabant University Center  
Or Mail to: WSFS Bank, Attn: Customer Service, P.O. Box 1889, Wilmington, DE 19899**

\*You will receive email and other appropriate notification upon receipt of request. If you do not receive this correspondence, please contact Customer Service at (302) 792-6000 or 1-888-WSFSBANK.

**FOR BANK USE ONLY**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_